In re Tracy N. Vinston	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	$\square$ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>					

		Part II. CALCULATION OF M	ON	THLY INCO	ME FOR § 707(b)(	7) E	XCLUSION	
	Mari	tal/filing status. Check the box that applies a						
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
					r daalaraa undar	nanalty of nariumy		
		"My spouse and I are legally separated under a						
2		purpose of evading the requirements of § 707(						
	<ul> <li>for Lines 3-11.</li> <li>c. □ Married, not filing jointly, without the declaration of separate households set out in Line 2.</li> </ul>					•	`	,
						b abo	ove. Complete b	oth Column A
		("Debtor's Income") and Column B ("Spou						
		Married, filing jointly. Complete both Colu				'Spot	use's Income'')	for Lines 3-11.
		gures must reflect average monthly income re- dar months prior to filing the bankruptcy case					Column A	Column B
		ling. If the amount of monthly income varied					Debtor's	Spouse's
		onth total by six, and enter the result on the a			,		Income	Income
3	Gross	s wages, salary, tips, bonuses, overtime, con	nmis	ssions.		\$	2,297.64	\$
	Incor	me from the operation of a business, profess	ion	or farm. Subtract	Line b from Line a and			
	enter	the difference in the appropriate column(s) of	Lin	e 4. If you operate	more than one			
		ess, profession or farm, enter aggregate numb						
4		nter a number less than zero. <b>Do not include b as a deduction in Part V.</b>	any	part of the busine	ess expenses entered on			
7	Line	b as a deduction in 1 are v.		Debtor	Spouse	1		
	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00	\$			
	c.	Business income	Su	btract Line b from 1	Line a	\$	0.00	\$
		s and other real property income. Subtract l						
		oppropriate column(s) of Line 5. Do not enter a						
5	part	of the operating expenses entered on Line b	as a	Debtor	Spouse	1		
3	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00				
	c.	Rent and other real property income	Su	btract Line b from	Line a	\$	0.00	\$
6	Inter	est, dividends, and royalties.				\$	0.00	\$
7	Pensi	ion and retirement income.				\$	0.00	\$
		amounts paid by another person or entity, o						
8		nses of the debtor or the debtor's dependent						
0		ose. Do not include alimony or separate maint se if Column B is completed. Each regular pay						
		ayment is listed in Column A, do not report the				\$	0.00	\$
	_	nployment compensation. Enter the amount i		•				
	Howe	ever, if you contend that unemployment compe	ensa	ation received by yo	ou or your spouse was a			
9		it under the Social Security Act, do not list the		nount of such comp	ensation in Column A			
Í		but instead state the amount in the space belo	w:			1		
		mployment compensation claimed to benefit under the Social Security Act Debtor	r \$	<b>0.00</b> Spo	ouse \$	\$	0.00	\$
		ne from all other sources. Specify source and	lam	nount If necessary	list additional sources	-		•
		separate page. <b>Do not include alimony or sep</b>						
		se if Column B is completed, but include all						
		tenance. Do not include any benefits received						
10	Debtor Spouse							
	a.   foodstamps							
	b.   \$   \$							
	Total and enter on Line 10					\$	249.00	\$
11		otal of Current Monthly Income for § 707(b				φ.	0.540.04	Φ.
	Colu	mn B is completed, add Lines 3 through 10 in	Col	umn B. Enter the t	total(s).	\$	2,546.64	2

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		2,546.64				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	30,559.68				
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
14	a. Enter debtor's state of residence: MI b. Enter debtor's household size: 4	\$	72,366.00				
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption"	does no	ot arise" at the				
15	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)					
	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)					
16 Enter the amount from Line 12.				\$		
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$
18	Current monthly income for § 70°	7(b)(2). Subtract Line	17 fron	n Line 16 and enter the resu	llt.	\$
	Part V. C.	ALCULATION O	F DE	DUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Stan	dards	of the Internal Revenu	e Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Persons under 65 year			Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons	aí b'		Allowance per person Number of persons		
	c1. Subtotal	C <sub>2</sub>		Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.        a.     IRS Housing and Utilities Standards; mortgage/rental expense     \$       b.     Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42     \$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:			
22A	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8			
22B	B Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)			
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42  C. Net ownership/lease expense for Vehicle 1  Subtract Line b from Line a.			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42  c. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a.			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as ro Do not include discretionary amounts, such as voluntary	etirement contributions, union dues, and uniform costs.	\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
30	Other Necessary Expenses: childcare. Enter the total aver childcare - such as baby-sitting, day care, nursery and prescl		\$
31	Other Necessary Expenses: health care. Enter the total aver health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is in include payments for health insurance or health savings account.	rself or your dependents, that is not reimbursed by excess of the amount entered in Line 19B. <b>Do not</b>	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you		
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$
	<del>-</del>		
34	a. Health Insurance \$		
	b. Disability Insurance \$		
	c. Health Savings Account		\$
	Total and enter on Line 34.		
	If you do not actually expend this total amount, state your below:  \$	r actual total average monthly expenditures in the space	
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local		
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attendar school by your dependent children less than 18 years of age documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standards.	nce at a private or public elementary or secondary  You must provide your case trustee with plain why the amount claimed is reasonable and	\$

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40	Conti	nued charitable contributions.	Enter the amount that you will conting rganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Total	Additional Expense Deduction	ns under § 707(b). Enter the total of I	Lines 34	through 40		\$
		S	Subpart C: Deductions for De	bt Pay	yment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Ave	Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				ı	al: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor				\$		
44	priori		nims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.		f all priority cla	aims, such as	\$
			If you are eligible to file a case under the amount in line b, and enter the re-				
45	a. b.	issued by the Executive Offic information is available at wy the bankruptcy court.)	napter 13 plan payment. strict as determined under schedules e for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of tive expense of Chapter 13 case	x Total:	: Multiply Line	es a and b	\$
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.				\$		
		S	ubpart D: Total Deductions f	rom I	ncome		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. DI	ETERMINATION OF § 707()	b)(2) F	PRESUMPT	ΓΙΟΝ	
48	Enter	the amount from Line 18 (Cu	rrent monthly income for § 707(b)(2	3))			\$
49	Enter	the amount from Line 47 (To	tal of all deductions allowed under §	707(b)	(2))		\$
50	Mont	hly disposable income under §	<b>707(b)(2).</b> Subtract Line 49 from Line	e 48 and	d enter the resu	lt.	\$
51	60-mo		§ 707(b)(2). Multiply the amount in Li	ine 50 b	by the number 6	50 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "statement, and complete the verification in Part VIII. You may also complete Par					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through					
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	r 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed a	as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE	CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amou	nt			
	a.	\$				
	b.	\$				
	C.	\$	_			
	d.	\$	_			
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATION	N				
	I declare under penalty of perjury that the information provided in this statement i <i>must sign.</i> )	is true and correct. (If this is a join	t case, both debtors			
57	Date: February 8, 2013 Signature: /s/ Tracy N. Vinston					
	Tracy N. Vinston					
		(Debtor)				

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.